Exhibit H

Protocol with Washington's DOC's	s Amended Protocol Dated 10/25/08
Kentucky Safeguard	Washington DOC Provision
Written protocol's requirement that the execution	6/07 Policy had no experience or occupation
team members have at least one year of	qualifications. 10/25/08 Policy requires at least
"professional experience" as a certified medical	one year's experience in the occupations listed in
assistant, phlebotomist, EMT, paramedic, or	the Kentucky statute but marginalizes that
military corpsman. Kentucky currently uses a	requirement by allowing "or similar occupation."
phlebotomist and an EMT, "personnel who have	(IX.A.1.d.) No requirement that the experience be
daily experience establishing IV catheters for	current. Given the recency of even this
inmates in Kentucky's prison population." 128	requirement and DOC's anticipated execution date
S. Ct. at 1533-34. Ginsberg notes the phlebotomist	
has 8 years experience; the EMT has 20. 128 S. Ct.	assurance that qualified persons with current
at 1569. Requires that IV team members "must	experience and willing to participate in executions
remain certified in their profession and must fulfill	will be available.
any continuing education requirements in their	
profession." (Policy (Pl.'s Opp. Ex. 7) at p. 984.)	
IV team members and rest of execution team	10/25/08 Policy requires three practice sessions
participate in at least 10 practice sessions per year.	preceding an execution, to "include the siting" of
128 S. Ct. at 1534.	IV lines. (VIII.A.2.) New requirement that may
	not be feasible to meet prior to scheduled
	December 3, 2008 execution date.
The written protocol requires that these practice	No equivalent requirements. 6/07 Policy provided
sessions encompass a complete walk through of the	
execution procedures, including the siting of IV	(VIII.A.2.); 10/25/08 Policy calls for "practice
catheters into volunteers. 128 S. Ct. at 1534.	sessions" which "include the siting of intravenous
	(IV) lines." (VIII.A.2.) No complete walk
	through or volunteer requirements.
Presence of warden and deputy warden in	No specific requirement that anyone be in the
execution chamber with the prisoner to (1) assure	execution chamber. 6/07 Policy had no
that prisoner is unconscious after 1st drug using	requirement for observation of prisoner for signs
visual inspection and (2) "watch for any problems	of consciousness or difficulties with IV lines.
with the IV catheters and tubing." 128 S. Ct. at	10/25/08 Policy provides that the superintendent
1528; 1534.	shall observe for signs of consciousness before
1	injection of pancuronium bromide. (IX.A.4.e.)
	No requirement that superintendent be in the
	execution chamber as opposed to the separate
	room where the drugs are located and
	administered; no requirement that anyone watch
	for problems with IV catheters and tubing. No
	requirement that two persons make observations.
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Kentucky Safeguard Washington DOC Provision		
Washington DOC Provision		
6/07 policy had no such requirement. 10/25/08		
Policy directs for an additional 3 grams of		
Thiopental sodium "if the superintendent		
observes" the prisoner to be conscious after the		
first dose, but with no time limitation. (IX.A.4.e.)		
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Allows cut-down procedure and state contends		
this cannot even ever be challenged unless		
prisoner "show[s] he would be a subject to such		
procedure." (Defs.' Reply at 5.) Of course,		
Plaintiff does not know whether DOC will attempt		
this procedure on him, so he cannot make such a		
prior showing, nor have other courts addressing		
lethal injection protocol required such an		
individualized showing in order to challenge		
particular aspects of the protocol.		
WA 8/10/01 Policy had required that IVs be		
placed in right and left arms only. (IX.A.4.b).		
Washington's 6/07 and 10/25/08 protocols have		
no limitations on placement and allow insertion in		
neck or anywhere.		

Kentucky Safeguard	Washington DOC Provision
Monitoring of prisoner by medical personnel	No requirements for physical or psychiatric
commencing 14 days prior to execution date,	evaluations or monitoring of medical or
physical examination, physical and psychiatric	psychiatric condition.
evaluations, and notation of any changes in medical	• A physical exam was required "if needed" by
or psychiatric condition—all required by Kentucky	6/20/07 policy (VIII B.2) – the 10/25/08 policy
Policy (Policy (Pl.'s Opp. Ex. 7) at pp. 971-74.)	provides only that a physical exam "may be
	conducted," but is not required even though the
	policy notes that a physical exam could expose
	possible problems that "may affect the execution
	process," such as collapsed veins, obesity or
	deterioration of bone or muscular structure. (VIII
	B.2.)
	State contends that failure of requirement for
	psychiatric evaluation is not reviewable because
	Stenson "does not allege he has a psychiatric state
	that would affect lethal injection." Defs' Reply at
1	5. Such allegation specific to a prisoner is not
	necessary when reviewing the constitutionality of
	lethal injection protocol.
Physician is present to assist in any effort to revive	No comparable provisions. Rather, 10/25/08
the prisoner in the event of a last-minute stay. 128	policy provides that "[n]o staff will be required to
S. Ct. at 1528. Policy requires medical staff on site	participate in any part of the execution procedure.'
to attempt to revive prisoner in the event a stay is	(VIII.A.1) The 6/07 policy stated that no
issued after execution commences and requires an	"individual' would be required to participate.
ambulance and staff at the institution and a	(VIII.A.2) Requirement that Director of Health
"medical crash cart and defibrillator" in the	Services, a physician, assure that the lethal
execution building. (Policy (Pl.'s Opp. Ex. 7) at p.	injection table is in working order under 6/20/07
	policy (IX.A2.), was removed in the 10/25/08
	policy, presumably due to that person's objection
	to participation in executions. (Complaint Ex. B.)

Trotocol with washington's DOC's Amended Protocol Dated 10/25/08	
Kentucky Safeguard	Washington DOC Provision
Protocol requires that the IV team establish both	No specific requirement for two sets of drugs.
primary and backup lines and prepare two sets of	Both policies call for "the acquisition of the
drugs before execution commences. 128 S. Ct. at	appropriate quantities of lethal substances."
1534.	(IX.A.1.b.) 6/07 Policy did not specify how many
	lines would be established or whether one would
	be primary and another backup. (IX.A.4.)
	10/25/08 policy has no requirement that DOC
	designate a primary and backup line. Rather,
	policy says the lethal injection team will establish
	two IV lines, start a normal saline flow "through
	each line," (IX.A.4.b.) and allows "[e]ither line"
	to be usedwith no designation of either as
	primary or backup. (IX.A.4.e.)
IV tubing is 5 feet. 128 S. Ct. at 1528. Ginsberg	No specifications for length of tubing and no
notes that length of tubing contributes to risk of	disclosure of what length is planned for use.
inadequate dosage. 128 S. Ct. at 1572.	primate for use.
IV team has up to one hour to establish both the	No comparable, or any, limitations.
primary and back-up IVs. 128 S. Ct. at 1528, 1534.	, , , , , , , , , , , , , , , , , , , ,
Dosages – 3g Thiopental, 50mg Pancuronium	6/07 Policy set Thiopental sodium at 2 grams;
bromide, and 240 millequivalents Potassium	10/25/08 Policy increases it to 3 grams. 6/20/07
Chloride. 128 S. Ct. at 1528.	policy provided that potassium chloride would be
	1.50 – 2.70 mEq/icg based on body weight. New
·	policy sets it at 240 without reference to body
	weight. (IX.A.4.d)
Electrocardiogram verifies death, 128 S. Ct. at	No comparable requirements.
1528, cardiac monitor is attached to prisoner prior	T
to injection of drugs, a team member uses a	
stopwatch once drug injections are complete and if	
there is no flat line after 10 minutes, a second set of	
lethal drugs is administered. (Policy (Pl.'s Opp.	
Ex. 7) at pp. 976, 979-80.)	

Kentucky Safeguard	
Kentucky Safeguard	• Medical file review was required in 6/20/07 policy (VIII B.1) – completely eliminated in 10/25/08 policy. • 10/25/08 and 6/07 policies provide that the superintendent "may consult" with experts to determine if a deviation from policy is advisable to ensure a swift and humane death (VIII.B.2 and VIII.B.3 respectively) but no results to the same design.
	VIII.B.3 respectively) but now that consultation is authorized only based on a physical exam (which
	is not even required). Former requirement allowing expert consultation based on medical file review is eliminated. (VIII.B.2)